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A Tribute to a Great Surgeon — Dr. Roy Bishop Canfield

By CHARLES S. KENNEDY, M.D., Zeta
Detroit, Michigan

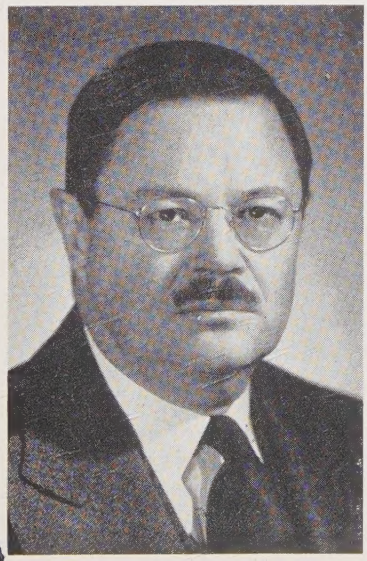
During World War I, Dr. Kennedy served as First Lieutenant, Medical Corps, Base Hospital No. 11, Cape May, N. J. 1918-1919, as Assistant to Col. Chas. Harrison Frazier and Maj. Claude Coleman, doing brain and peripheral nerve surgery.

He has been a member of the Staff of Grace Hospital since he began to practice. In 1937 he was elected Chief of the Surgical Service and Vice Chief of Staff and he still acts in those capacities. He is Consulting Surgeon to Detroit Receiving Hospital, Deaconess Hospital, St. Mary's Hospital, The Detroit Tuberculosis Sanitorium, Herman Kiefer Hospital, The Haven, and is Senior Associate Surgeon at Jennings Hospital.

Among the medical societies of which Dr. Kennedy is a member are the Wayne County Medical Society, Michigan State Medical Society, American Medical Association, The Detroit Academy of Surgery (charter member), and the Central Surgical Ass'n. (Founders Group). He is a fellow of the American College of Surgeons and diplomats of the American Board of Surgery (Founders Group). He is also a member of Alpha Omega Alpha and the Phi Rho Sigma Fraternity.

It has been said that a business or an institution is the lengthened shadow of a man. Surely, in a true sense, a medical school is the lengthened shadow of a series of men. No matter how fine the buildings, good works come not forth unless some intelligence implements the good works.

We are gathered to pay a tribute to such a man—a pioneer, a dynamo of energy, an outstanding personality — Doctor Roy Bishop Canfield.



CHARLES S. KENNEDY, M.D.

Doctor Canfield was born in Lake Forest, Illinois, on July 22, 1874. He entered the University of Michigan in 1893, graduating with the Literary Class of 1897 and receiving his medical degree in 1899. During his undergraduate work he attained distinction as a student, being elected to Phi Beta Kappa. Later he became a charter member of Alpha Omego Alpha. Following his graduation he interned at Massachusetts Charitable Eye and Ear Infirmary, and then studied extensively in Germany, Austria, and elsewhere on the Continent. In the spring of 1904 he returned to this country to take the position of Assistant Surgeon at the Manhattan Eye, Ear, Nose and Throat Hospital, and in the fall of 1904, at the early age of 29, he assumed the post of Clinical Professor of Diseases of the Ear, Nose and Throat in the Medical School at the University of Michigan.

The appointment of Doctor Canfield became a milestone in the history of the Medical School, since it marked the point at which the Departments of Otolaryngology and Diseases of the Eye became separate entities. Formerly the Department of Otolaryngology had been merged with the Department of Diseases of the Eye under the direction of such distinguished specialists as Doctors George E. Frothingham and Fleming Carrow.

With characteristic energy, a sure confidence based on his excellent medical training, together with the combined keen business perception of a top-notch executive and the diplomacy of a Richelieu, he set about the task of creating his new department.

Those who knew him in his early days found it difficult to keep pace with this human dynamo. His every action gave evidence of a boundless energy and enthusiasm which created a similar, though necessarily somewhat limited response in all those whom his personality touched. In the classroom he lectured with a conciseness, clarity and enthusiasm which held the rapt attention of all of his students, and in the operating room he was magnificent.

Due to his fine surgical training combined with his splendid natural talents, his operating room became a theater of co-ordination quite like the setting for a fine symphony orchestra.

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Widow of Phi Rho Sigma Founder Dies

The Los Angeles Times, under date of February 27, 1948 records the death of Dr. Milbank Johnson's widow:

"Mrs. Isabel Johnson, 69, widow of Dr. Milbank Johnson, Pacific Mutual Life Insurance Co. executive and prominent Southland civic leader, died at Huntington Memorial Hospital.

"Private funeral services are being arranged by Turner & Stevens Mortuary, Pasadena.

Mrs. Johnson, who leaves a sister, Mrs. Esther S. Winter of Pasadena, lived at the Huntington Hotel since her husband's death in 1944.

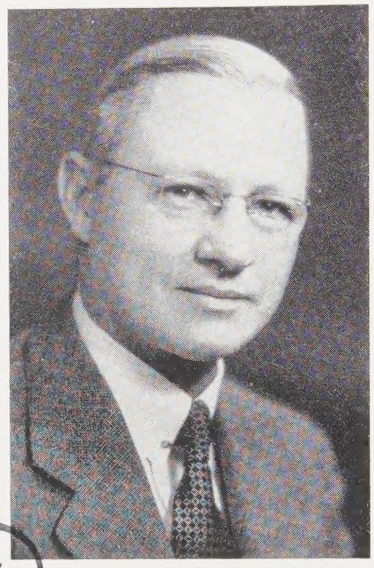
"Dr. Johnson was an early director of the Los Angeles City Board of Health, onetime chief surgeon for the Southern California Edison Co., former president of the Southwest Museum and a founder-member of the Automobile Club of Southern California.

I place economy among the first and most important virtues, and public debt as the greatest of dangers to be feared. To preserve our independence, we must not let our rulers load us with perpetual debt. We must make our choice between economy and liberty, or profusion and servitude. If we run into such debts, we must be taxed in our meat and drink, in our necessities and in our comforts, in our labors and in our amusements. If we can prevent the government from wasting the labors of the people under the pretense of caring for them, they will be happy. The same prudence which in private life would forbid our paying our money for unexplained projects, forbids it in the disposition of public money. We are endeavoring to reduce the government to the practice of rigid economy to avoid burdening the people and arming the Magistrate with a patronage of money which might be used to corrupt the principles of our government.

—THOMAS JEFFERSON.

BENNETT TREKS WEST

Dr. A. E. Bennett, Iota Chapter, becomes affiliated March 1 with the Herrick Memorial Hospital, of Berkeley, California. This hospital is opening a new 40-bed psychiatric department.



A. E. BENNETT, M.D.

Recently Dr. Bennett resigned as professor and chairman of the department of neuropsychiatry, University of Nebraska College of Medicine. A member of the graduate faculty, he has been on the active teaching staff of the neuropsychiatric department for twenty-three years. He received the degree of Doctor of Medicine at the College in 1921.

He and his staff have pioneered many improvements in neuropsychiatry. Chief among these have been research activities defining the role of artificial fever therapy in various neuropsychiatric and systemic diseases, and the standardization and successful introduction into clinical medicine of curare. Curare has proved invaluable as a preventive of shock therapy complications and as a relaxant in general anesthesia. Another original contribution was the introduction of shock therapy in depressions. The department has served as a model in the last ten years for the establishment of a psychiatric unit within a general hospital.

Among numerous articles and monographs is the well known textbook, "Psychiatric Nursing Technic," by Bennett and Scholder; and recent contributions to the annual survey volume, "Progress in Neurology and Psychiatry," and to the general handbook, "Current Therapy."

A member of many scientific organizations, Dr. Bennett is associate editor of "Diseases of the Nervous System" and "Quarterly Review of Psychiatry and Neurology." The only Nebraska member ever to be elected to the American Neurological Association, he has been an associate examiner of the American Board of Neurology and Psychiatry. He is on the research committee of the Group for the advancement of Psychiatry, the spearhead of the American Psychiatric Association.

The new department at Herrick Memorial Hospital will continue in a broader way work begun in Nebraska. Along with research activities it will train psychiatric residents and psychiatric nurses and social workers.

Births

To Dr. and Mrs. Alex P. Jones (Chi Delta) of Griffin, Georgia, a daughter, Judith Dianne, January 12, 1948.

To Dr. and Mrs. Raymond F. Grenfell (Chi) of Jackson, Miss., a son, Raymond Frederic, Jr., February 7, 1948.

INTERNSHIPS AVAILABLE

Two internships are available at the Washoe General Hospital in Reno, Nevada. The service is split between six months of medicine and six months of surgery. Sleeping quarters, board, room, laundry, and $150 a month are provided. The internship is not approved at the present time. Applications should be sent to Washoe General Hospital Internship Committee, Reno, Nevada.

Chapter and Alumni News

NORTHWESTERN UNIVERSITY

At the regular meeting of the Alpha Chapter on February 2, 1948, the following officers were elected:

President, **James Bennett**; Vice President, **Gerald Coon**; Secretary, **Everett Hendricks**; Treasurer, **Paul B. Kerr**; Alumni Secretary, **Thomas Davidson**; Librarian, **Kent K. Kleinkauf**; Sr. Representative, **Barry Seng**; Jr. Representative, **Thomas Price**; Soph. Representative, **Warren Pearse**; Fr. Representative, **George Bower.**

The Rushing Committee for the coming year was named by the House Committee: **Robert Thomas**, Chairman; **Warren Jenkins, Dick Roos, John Ollinger.**

On Tuesday evening, January 27, Dr. Neyman, eminent psychiatrist, talked to us on some of the current points of interest in his field.

Besides our regular floor parties, we are planning a formal dinner dance at the Hotel Sheraton on March 6, 1948.

Plans are progressing for our entry into our fraternity house in the not too distant future.

Alpha Chapter recently went all the way in honoring its departing seniors. The annual senior formal dinner dance was held at the Boulevarde Room of the Hotel Sheraton, with all actives, numerous alumni, and C. H. William Ruhe, Secretary-Treasurer, of the Executive Council present. Honors were presented to Elwood LaBrosse as the outstanding graduating senior and to Arthur Semones as a past chapter president. The food was sumptuous, the band played capably, refreshments were invigorating, and the dates were beautiful. The success of the evening was assured.

We are now in the process of effecting a return to occupancy of our four-story home, located conveniently near the Medical Building. The building was occupied for many years by the chapter but was vacated during the recent war due to contingencies of the emergency. Plans are now maturing for complete redecorating and rearranging to begin soon, reinhabitation on a small scale to begin this quarter, and complete occupancy by the fall quarter.

The Journal's arrival is anticipated by all actives here and eagerly read when it reaches our hands. Our appreciation to you and the staff for a fine publication.

EVERETT D. HENDRICKS,
Secretary.

"Procrastination is the thief of time."
—EDWARD YOUNG (1684-1765).

WAYNE UNIVERSITY

With the close of 1947, Epsilon has fairly well pulled in its horns, consolidated its reserves, and in general has set its course for even greater horizons. Even the Central Office has consoled itself with the fact that maybe Epsilon does have a "philosophy" and that we can be dropped from the "What Goes There" list.

The Fall of 1947 was brightened by the presence of National President Paul McClain, who spoke at one of our monthly dinner-meetings. His words concerning "The Fraternity" were most appropriate and received enthusiastically by alumni and actives. Our Christmas rush party was held at the Grosse Pointe Hunt Club which has been the site of our recent parties. The Club served a buffet dinner, with dancing, floor show, and "elbow bending," impressing fourteen rushees with the fact that Phi Rho was the fraternity which offered the most and vice versa.

Our pledge class this academic year consists of the following: Bill Bond, John Corbett, Bob Cerrie, Paul Fernschild, Dick Gibson, John Kelly, Walt Knjawski, Keith Moffatt, John Packer, Bob Peterson and Al Rizzo from the class of 1951; and John Brown, Jerry Dupler and Jack Goodwin from the class of 1949. With our senior consulting system we hope that this will aid in problems confronting our pledgees scholastically and otherwise, so that as they progress in medical stature, the individual, Epsilon, and Wayne University College of Medicine will all three benefit.

WAYNE S. MONTGOMERY,
President.

DALHOUSIE UNIVERSITY

Highlights of the year's activities as reviewed by the President, Herb MacWilliam, at the Annual Initiation Banquet, February 6, 1948.

This year we had two Presidents—Jim Frazee, who resigned to take a Junior Internship as well as look after the Dalhousie Medical Book Bureau as co-manager, and myself, elected in the fall term. Jim left Alpha Eta affairs in very good order and has been a great asset to the Fraternity.

The Chapter House has been the center of the year's activities. In the spring a new three-year lease was signed with rent raised from $65 to $75. The third year course had an extension of six weeks, so the house was operated until June for them. One brother, working in the city during the summer, kept the house open until the fall term. This year we have had an average of seventeen members and three hired help living in the house. Efforts are still being made to purchase our own house.

House improvements include: a new basin in the bathroom, a fire extinguisher, balance paid on a $400 refrigerator, electric mixer for kitchen, runner and mats for hall and living room, automatic-gas water heater, five rooms of the house redecorated.

Relations with Grand Chapter were much improved. Arrangements are being made for a representative, Dr. Harris Gray, Canadian Vice President, to come down this year from Toronto.

With plans for purchase of a chapter house more concrete, the House Building Fund has been greatly increased in the last year and a half.

Alumni have contributed	$3,015
Active Chapter Collections	1,674
	$4,689

Dr. C. Jones took over as treasurer after Dr. Hal Taylor went to British Columbia.

I wish to welcome our seventeen Initiates and our new Honorary member, Dr. Abbiss. As with the presidency, we had two Rush Chairmen this year. A letter has been sent to various pre-med Universities expounding the ideals of a medical fraternity. Jim Frazee will soon speak to Studley campus Pre-Med Society here at Dalhousie University on Phi Rho Sigma.

Promotions and Campus Activities of Phi Rho Members

Dr. M. G. Whillans—appointed Director of Biological Research for National Defence Board of Canada; Dr. Hal Taylor—appointed to Dept, of Pathology, University of British Columbia; Dr. H. K. MacDonald—elected President of Medical Council of Canada; Dr. R. L. Saunders — appointed Head of new Dept. of Medical Museums, Dalhousie University, Halifax, N. S.; Dr. R. W. Begg—appointed to do Cancer Research for Canadian Cancer Society at Dalhousie University under National Research Council of Canada; Jack Boudreau—Head of Munro Day "Founder's Day" activities at Dalhousie; "Dutch" VanVlaricom — President of Dalhousie Student Medical Society; Brown Trask — President of second year class; Bob MacDonald—President of third year class.

Scholarships:

Ray Giberson—Gold Medal of Dalhousie University, Spring exams., 1947.

Christmas exams, 1947:

Bob Wentzell led the first year class
Burt Howatt led the second year class
George Flight led the third year class
Dutch VanVlaricom led the fourth year class

In sports Phi Rho maintained the lead:

Softball—Trimmed Phi Chi in interfrat. in the fall; Interfaculty Basketball and Hockey Med teams were nearly all Phi Rho men; Inter-frat.

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THE JOURNAL

of Phi Rho Sigma

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Address all communications concerning the JOURNAL to the Editor, and correspondence concerning the Fraternity in all other matters to Dr. C. H. William Ruhe, Secretary-Treasurer, 533 Fifth Avenue, Pittsburgh 19, Pa.

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Health is Our Business

Now that the imminence of another draft looms large in our national thinking, it can be expected that the critics of medicine will once more sharpen their pencils and look happily forward to an opportunity to discover some statistical evidence that we have failed grossly in our duty to the public. The figures on the last draft were loudly and lengthily publicized by the proponents of compulsory health insurance until a more careful objective analysis of those figures indicated that America is not in as bad a condition as regards her health as some would like her to believe. The one important lesson to be learned from those statistics is not that there is a lack of good care available to most individuals in this country but rather that some individuals either are not aware of what constitutes good care and how easily they may obtain it or else prefer to neglect their health entirely or to entrust it in the hands of some form of quackery.

It is appropriate to raise the question as to what actually constitutes good health. Is it merely an absence of disease, either physical or mental; a state of vegetative normalcy in which the functions of digestion, assimilation, growth, reproduction and senility proceed uninterruptedly and uneventfully with machine-like precision; is it a state of absolute physical satisfaction in which the chief end of life is the epicurean's delight in pandering his tastes and appetites of all kinds to the utmost; or is it, on the contrary, a state of mental tranquillity achieved by the abstract philosopher who denies the existence of reality so far as his body is concerned, and is in no manner concerned with its ills or deficiencies?

There is probably no one completely satisfactory definition of good health, but for the sake of discussion, good health may be conceived as a state of harmonious functioning of all of the cells, tissues, organs, of the human body together with a mental attitude that envisions constructive, wholesome activity directed toward a reasonable goal, and with due regard for the equal rights of one's fellows in cooperative activities commonly known as society. This definition, it is believed, is sufficiently broad to suit the purposes of the physiologist, the biologist, the psychologist, and the philosopher, although admittedly the theologian would find much in it to criticize. How health is to be achieved, and once achieved, maintained, is another story, although for the sake of the record, it should be emphasized that good health is for the most part a normal condition in that it is statistically the most commonly found state.

There are obviously many factors in addition to the biological one of heredity contributing to the state of health. Food, clothing, housing, sanitation, and cultural surroundings—all play an important part.

Henry G. Weaver, in his recent book "Mainspring" directs attention to the fact that throughout six thousand years of recorded history there is only one small spot on the globe where famine and pestilence have not been accepted from time to time as the going order of things. That spot is our own America. He emphasizes that our natural resources are no greater than those of other nations; in fact, not as great as some. He concludes that the one reason why America and Americans lead the world in having plenty to eat, wear, consume, and enjoy is the one simple fact that the mainspring of individual incentive has been given an opportunity to assert itself. This factor and this factor alone is responsible for our preeminence.

Mr. Weaver's conclusion indicates a specific lesson to be applied to the problem of health. Regardless of the beautiful array of imposing edifices that might be erected under a medical bureaucracy; regardless of the complicated system of records that might be installed to catalogue the patients' every symptom and whim; regardless of the hundreds of thousands of properly voting lay employees such a system would provide, paternalism would remove from the individual responsibility to seek his own care when he needed it and to select his own physician and make that physician responsible for satisfactory service.

America's record in economic development has until recent years been an enviable one. Her record in health is still one toward which most of the rest of the world looks with admiration. Let us hope that we shall not discard the mainspring.

"The art of economics consists in looking not merely at the immediate but at the longer effects of any act or policy; it consists in tracing the consequences of that policy not merely for one group but for all groups."

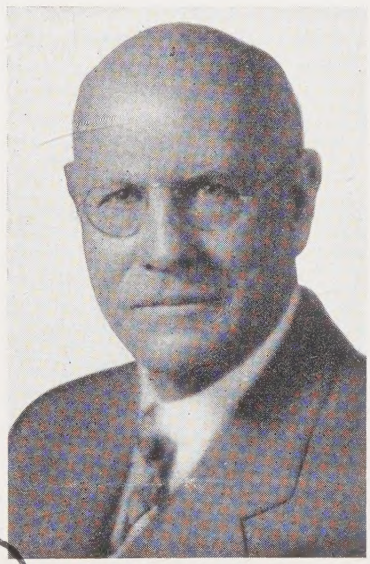
—HENRY HAZLITT.

Internal Medicine and the Family Physician

By HENRY A. CHRISTIAN, A.B., A.M., M.D., LL.D., Hon. Sc.D., M.A.C.P., Hon. F.R.C.P., D.S.M., (A.M.A.), Nu

Hersey Professor, Emeritus, of the Theory and Practice of Physic, Harvard University, and Physician-in-Chief, Emeritus, Peter Bent Brigham Hospital, Boston, Mass.

The family physician of today in many parts of the country practices internal medicine, often with the addition of pediatrics, which, after all, is only internal medicine in little people, i. e., children. In some parts of the country, usually in small towns and country districts, the family physician adds obstetrics to his practice and does minor surgery, but this seems to be becoming less frequent. Medicine has been undergoing now for a long time a pigeon-holing process by which has come about more and more splitting up into what we term specialties, leaving fewer and fewer with broad scholarly knowledge of medicine. This has brought about a curious pedagogic situation by which apparently almost the only one now supposed to know medicine as a whole is the medical student, who, however, is being taught this by individuals, particularly those of professorial rank, almost no one of whom knows all of medicine as he, the medical student, is expected to know it. Probably the family physician comes next to the medical student in needed breadth and extent of medical knowledge. This would be correct also of internal medicine as a so-called specialty, were it not true that a very large proportion of those designated as specializing in internal medicine further narrow their field of interest and work by concentrating within the specialty of internal medicine or some subdivision of it, as cardiology, gestroenterology, endocrinology, neurology, etc. As it is, in general he who specializes in internal medicine now has a narrower field than has the family physician, even than he who sees no children and does neither obstetrics nor minor surgery. This, however, should not be so. Internal medicine as a specialty should entail knowledge of, with ability to recognize and treat, all of what is contained, let us say, in a textbook of medicine including neurology and psychoneurology. To make it less of course renders its attainment easier. To enter a narrow specialty requires less of the individual than to devote himself to internal medicine, as already described, or to become a family physician. I often wonder whether this has not been an important urge to many physicians of today in their selection of the form of medicine which they have chosen and which so often is one of these narrow subdivisions of a broader specialty. This trend, it has seemed to me, has resulted in there being fewer men now with what I have called broad scholarship in medicine.



HENRY A. CHRISTIAN, M.D.

CAT.

Your Editor has asked me to prepare an article for the Journal "outlining the opportunities, responsibilities and perhaps suggesting something of the personal characteristics and personal aptitudes which fit best into the practice of internal medicine." Let me begin by saying that at present it seems to me that one of the greatest needs in medicine is for family physicians with the training of the specialist in internal medicine. The training needed for this is well outlined in the requirement to make him eligible for certification in internal medicine. The family physician of the future should have no less than this preparation. I would urge all planning to become family physicians or specialists in internal medicine to fulfil the requirements of, and become certified by, the Board of Internal Medicine; this should be done in the years immediately following completion of hospital intern ship, since later on it becomes much more difficult of attainment. The requirements of this Board can be obtained from the Secretary of the Board. The student, before graduation from the medical school, should familiarize himself with them and be guided by them in planning his training.

I know of no way better to learn of the opportunities and responsibilities of internal medicine than by observing closely those with whom you can make contacts who are licentiates of the Board of Internal Medicine, including family physicians; what they are doing, what posts of responsibility they hold, how they are regarded by colleagues, patients and fellow citizens; these things will tell you what manner of men in medicine they are, what their opportunities and responsibilities have been and are, and what you should set as your goal.

The goal of certification in internal medicine having been passed with its preparatory activities, which in all probability have included—they should have—the investigation of some small problem, what next? Study patients; read medical literature; attend medical meetings and contribute papers to them; have something to investigate; develop personal rela-

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Sketches of Post-War Europe

By FRANCIS L. ANTON, M.D., Delta,
Los Angeles, Calif.

Dr. Anton received his pre-medical education at Munich, Bavaria. In 1892 he arrived in Los Angeles, California and matriculated in the Medical College of the University of Southern California from which he was graduated in 1899.

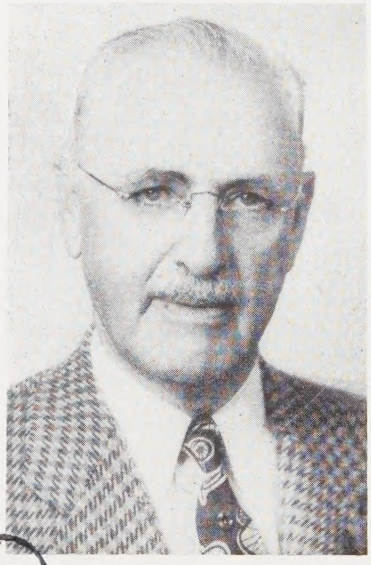
After his internship at the California Hospital in Los Angeles he went to Nome, Alaska and conducted a private hospital for five years. There in 1901 he performed the first successful operation for extrauterine pregnancy that had ever been done that far North.

In 1906 he returned to Los Angeles and has been connected with the staffs of the California Hospital, St. Vincent's Hospital and the Queen of Angels Hospital ever since, making the California Hospital his major connection and serving continuously on its Board of Directors.

Wenn einer eine Reise tut
Dann kann er was erzaehlen
Drum nahm ich meinen Stock und Hut
Und taet das Reisen waehlen.

These lines, plus the fact of working my head off and then turning a great part of my earnings into the hands of a profligate administration by way of income tax, were the incentive for my recent trip abroad.

I had figured that in traveling with four, my wife and two grown daughters, we saved money by taking our Lincoln car from Los Angeles across the United States. The highways were fine and we found good accommodations for the night everywhere. I stopped at Atlantic City and took in the Centennial Meeting of the AMA. Then from New York took the "S. S. America" on June 20th for Southampton, England. I had my car shipped on the same steamer as I knew from past experience what a comfort and pleasure your own car is when traveling around in Europe. The transport was a little high ($450.00 each way) but it paid for itself as we had four or five persons traveling all the time. The question of gasoline worried me a little, but the worries proved to be unfounded. Although gas is rationed, I was able to get all the necessary supply, with a little red tape here and there, at an average of about thirty cents a gallon. Most European cars are small, not very powerful and consume much less gasoline than my Lincoln does. By telling that to the officers where we had to obtain our gas coupons, we always succeeded in obtaining the necessary amount. Railroad transportation nearly everywhere is very bad. Trains are poorly equipped and terribly overcrowded; but the highways have been remarkably well repaired since the war and they are very good.



FRANCIS L. ANTON, M.D.

CAT.

We stayed in Southampton one day, then went up through the beautiful Southern English country side to London. There were still large military and aviation camps along the road and several extensive military prison camps. Many of the German prisoners of war were employed in the fields and working on the roads. London itself was frightfully damaged by the five years of bombing, and block after block of the city has been absolutely leveled. The streets have been cleared of the rubble, but the desolate buildings, stark walls and chimneys that one saw all around gave some idea of what this city has suffered. The heart of the city has been fairly well repaired and there was much work and business activity going on. But material and money are scarce and everything is rationed. There is food but it is of poor quality and it is monotonous. There is beer and ale, but whiskey is not on the shelves in the stores. You may get a little from some black marketeer at $16.00 a quart. However, the Black Market does not flourish in England. The British have more respect for the Law than any other people.

A week in London was all we cared for, so we drove to Folkestone and crossed the Channel to Calais. While all the famous seaside cities in the south of England which had been badly shattered by the war were being rapidly tidied up and repaired, it was different on the northern coast of France and for nearly a hundred miles inland. Here, of course, the fighting and destruction had been much more severe, but reconstruction seemed to be much slower. Wherever the power and indomitable courage of the American army met head-on with the almost irresistible strength of the diabolical German hordes, the destruction was almost unimaginable. The spirit and the strength of the French people were so undermined that reconstruction has been slow. Still the farms, and there were many quite large ones, were being well worked and seemed to promise fairly good crops. This condition improved more as we proceeded further south and inland. Finally we reached Paris. This city, owing to the agreement between the warring nations to declare it a free and defenseless city, was to a great extent saved from the ravages of war. Except for some large factories on the outskirts which had been destroyed, Paris is still the beautiful capital that it always was. Life and activities seemed nearly normal. Hotel accommodations were good and reasonable; somewhat less expensive than good hotels in the United States. Food was quite

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DALHOUSIE UNIVERSITY

(Continued from Page 3)

Hockey—Phi Rho won last year, plans to this year.

Social Activities had many highlights:

1947—Two successful parties in the spring, one the Annual Valentine Party; Fall term—September—Rushing party with 62 attending.

Refresher Course, October 7, a buffet supper was held. Guests included: Dr. Kelly, Alpha Epsilon (Toronto), who gave a short address; Dr. MacInness, President of the Canadian Medical Association; Dr. Robertson of Queens U.; Dr. Smith of Canadian Medical Association.

A Married Couples bridge party was an innovation.

The annual Hallowe'en Party was the best ever, according to all reports.

Still to come are. Inter-frat Bridge Party with Phi Delta (social frat.); Inter-frat party with Phi Chi; Valentine Party on February 14; on January 30 the Phi Rho Formal—the best affair at Dalhousie.

Dr. Jock Cameron, formerly Head of Anatomy Dept., Dalhousie, was entertained at Phi Rho during his short visit to his old school.

At the refresher course supper there were two of the original chapter members present: Dr. J. W. Reid, charter member and our Councilor; Dr. D. F. MacDonald, one of the first initiates.

And so we conclude a brief resume of some of the year's activities by Alpha Eta Chapter. All signs point to even better years in the future, for interest in the fraternity runs high here at Dalhousie University, Halifax, Nova Scotia, Canada.

If any members of Phi Rho Sigma are passing through Halifax this summer, they are cordially invited to visit the Alpha Eta Chapter House. The telephone number is 3-4297, or contact Dr. Donald MacRae, 24½ Morris St., telephone 3-6309.

UNIVERSITY OF MICHIGAN

Zeta gratefully acknowledges a few recent gifts from our alumni.

Highlight of the several concrete examples of alumni good will is an offer from the Class of '24 to finance the repair of Zeta's aging piano or the purchase of a better one. Final financial arrangements are pending.

Two other musical contributions to the house have enriched our classical record library. We extend our gratitude to Dr. Vining, '43, and Dr. Rice, '43, for two fine albums.

To Mrs. Roy Bishop Canfield goes warmest thanks for making possible new chairs and drapes for the card room.

We owe a debt as well to Dr. Bill Bromme for new additions to our dining tables in the form of crested drinking glasses.

ATTN: DR. STU WILSON

After every house meeting at Zeta, the Phi Rho Sigma Pledge is pulled down, recited, and then dutifully rolled up 'til the next time. For those of you that can't remember, it goes like this:

Good fellowship, good scholarship, good morals—in this way to aid one another and ourselves. To do all in our power for the best interests of the Fraternity, and as physicians to be of service to mankind. Phi Rho Sigma.

"Out of sight, out of mind" is a well-known cliché that might aptly be applied to some of the brothers of Phi Rho Sigma. Stuart Wilson is one of Zeta's sons to whom this saying will never apply. He stands high as one of the foremost boosters of Zeta's fortunes. He is one of the few who really live the **Phi Rho Pledge,** and for him Zeta has not been just a stepping stone on the highway of life. To extol his professional achievements and his aid to Zeta as a guiding influence and a builder of the present chapter would merely re-tell a story that most of you already know. We just wish to take this opportunity to say humbly and simply, "Thanks, Stu!"

HERE'S WHERE THEYR'E GOING

Next year's Zetans will reach our seniors at hospitals over the nation. Here's a complete list of acceptances:

Adams, St. Luke's, Cleveland; **Bolstad,** Santa Clara, San Jose; **Brown,** Germantown, Germantown; **Blunck,** U. Hosp., Ann Arbor; **Bach,** St. Monica's, Phoenix; **Cetnar,** Grace, Detroit; **Cousens,** Mercy, Bay City; **Freeman,** U. Hosp., Ann Arbor; **Kulinski,** U. Hosp., Ann Arbor; **Ostling,** Passavant, Chicago; **Long,** Research Hosp., Kansas City, Mo.; **Linderholm,** U. Hosp., Ann Arbor; **Pryor,** St. Mary's, Grand Rapids; **Post,** Robert Packer, Sayre, Pa.; **Nicholson,** U. Hosp., Ann Arbor; **Strempek,** Henry Ford, Detroit; **Health,** Union Memorial, Baltimore.

CASUAL COMIN' AND GOIN'

One of our best visits this year was held on Zeta's "50th" with Dr. Walter den Bleyker, one of the grand old men of 1900, after 50 years still Zeta-conscious . . . . also seen around for the "big day" were Stan Lowe, C. J. Johnson, Ralph Fast, Dick Deming, Bob Davies, Larry Rutz, Don Largo, Hank Damzalski, Lou Coppell. . .

We regret Bill Bromme's absence and the illness that caused it . . . . Dr. McPhail made it from Montana. . Dr. Penberthy was here for luncheon. . . . regrets and best wishes from Walter Simpson and W. A. Coventry.

Here also for the **Triennial** this fall were George House, W. Hoover, H. Hulbert, Dr. Green, Henry Wenner, Russ of '23, Bruce Stocking, Cliff Brainard, Ed Wishropp, Cecil Hart.

Forgive us our omissions in the rush.

CREIGHTON UNIVERSITY

Lt. Robert Flynn, Eta Chapter, Creighton University 1946, has been assigned to duty with the 537th Medical General Dispensary, Camp Angeles, Pampanga, in Central Luzon area.

GOLDEN GATE
(Oakland-San Francisco)

The Golden Gate Alumni Chapter had a Dinner Meeting recently at the Bohemian Club in San Francisco. Over twenty attended, including Joseph Geiger, Health Officer of San Francisco, Colonel Winn, Commandant at Letterman Hospital, and Anthony Rourke, Superintendent of Stanford Hospital.

James Morgan was elected President for the ensuing year, and Lloyd Penn, Secretary-Treasurer.

BOWMAN-GRAY

In reply to your letter to Dr. Carroll Spurling, former secretary to Chi Theta Chapter of Phi Rho Sigma of Bowman Gray School of Medicine, I would like to give you the following information:

Our chapter has secured a very nice chapter room in a local residence near the school. We hope in time to secure the entire house. We plan in the near future to set up our own dining room. We have made no plans for a permanent residence since the medical school will probably move to a new location in Winston Salem in the next few years, along with moving of Wake Forest College to its new location in Winston Salem. We were very fortunate in obtaining some of our furnishings as a gift from a local branch of a medical supply house (Powers and Anderson).

The present officers for 1948 are:

President, **Frank L. Creel;** Vice President, **A. Jack Dickerson;** Secretary, **William Byrd, Jr.;** Treasurer, **J. Buren Crow;** Senior Warden, **Radford N. Butler.**

The chapter initiated seventeen new pledges this week, bringing our total membership to thirty-three active members. We have had meetings every two weeks with a guest speaker once a month—this speaker usually being a member of the faculty. We plan to exchange speakers with organizations in other medical schools in the near future.

The chapter had its annual formal pledge dinner dance in February. Dr.

Herbert Vann, our faculty advisor, gave a short after-dinner speech. It was quite a successful occasion with approximately seventy-five members and guests attending.

We have not received any issues of the fraternity Journal since last September, and most of the present members are not too familiar with its contents; however, any suggestions or comments the boys make, I will be glad to forward to you.

We will send you a photograph of our group of boys under separate cover in the next few days. I appreciated your letter and look forward to obtaining the next issue of our journal.

FRANK L. CREEL, President,
Chi Theta Chapter,
for William Byrd, Secretary.

Book Reviews

By "The Medicine Man"

The habit of reading is the only enjoyment in which there is no alloy; it lasts when all other pleasures fade.
—ANTHONY TROLLOPE

VICTOR ROBINSON MEMORIAL VOLUME - ESSAYS ON HISTORY OF MEDICINE. (In honor of Doctor Victor Robinson on his Sixtieth Birthday, August 16, 1946.

Froben Press, Inc., New York. Schuman's, 20 East 70th St., New York. $10.00.

To all lovers of medical history this volume by his friends will be of great interest. Doctor Robinson is now dead. For years he was a leader in medical history.

BODIES AND SOULS.

By Maxenee Van Der Meersch. Pelligrini & Cudahay, New York. $3.75.

A grim story of the eternal conflict between good and evil within the framework of the medical profession as practiced in France during the interval between the two world wars. Nothing quite like it in our own books.

HYPNOTISM COMES OF AGE.

By Bernard Wolfe and Raymond Rosenthal. Bobbs-Merrill & Co. $3.00.

Sub-title is From Mesmer to Psychoanalysis. An interesting survey of the accomplishment, recent advances, and the future of hypnoanalysis.

Kohl Heads Arizona State Medical Association

HAROLD W. KOHL, M.D.

Harold W. Kohl, M. D., Theta Tau, 1925, has been named President-Elect of the Arizona State Medical Association.

He will assume his office at the Annual Meeting of the State Association in Phoenix, May 19, 1948.

Dr. Kohl engages in the practice of internal medicine in Tucson, at 1811 E. Speedway. He served in the Medical Corps of the Army during World War II with the grade of Colonel.

DOCTOR FREUD.

By Emil Ludwig. Hellman, Williams & Co., New York. $3.00.

Ludwig writes an amazing book about Freud and his work.

THE QUEEN'S PHYSICIAN.

By Edgar Maas. Charles Scribner's Sons New York. $3.00.

Herein is the story of Johann Friedrich Struensee, doctor of physics and dictator of Denmark in the seventeen seventies. The doctor made the King of Denmark a puppet and the Queen became his mistress. If you like these stories of royalty, here is one.

CENSOR MEDICINÆ

• The foundation of character in the practice of medicine is laid during the early years of medical education. The basis of honor and integrity, of ethical conduct and fair dealing, of morality and industry is their daily use in college and in the medical school. A good habit is easier to form and harder to break because it is rooted in the spiritual soil of our human make-up.

• Advanced training in the specialties with well-recognized qualifications will never prevent the suave self-styled specialist from opening his office, and promoting his practice by a moderately good game of golf, or a jovial occasion of scotch and soda. The efforts of the specialty boards to safeguard the public are often upset by well-meaning, but blundering "colleges, associations, academies and societies" granting membership and fellowship to men with none but the poorest qualifications. Those who know the truth regard these "convocations" with amusement, but the public and unthinking doctors are impressed no end. All some of these organizations need is an outlandish costume, a cocked hat, and an imitation sword to complete the picture. Even the Ku Klux Klan attracts members by its distinctive regalia.

• It has often been said, and much more often thought, that one of the failures of the curriculum of the medical schools is the lamentable absence of a course in the selection of a doctor's wife.

• All too often we are prone to exaggerate our importance in the presence of our unknowing confreres. While it may be a prop to our faltering egos, it brings to mind the aphorism that he who considers himself to be the whole cheese is, in reality, just a small piece of it.

• In discussing summer vacations with medical students, it is interesting to note that they usually spend this time in lazing around on daddy's dough. This important time can be made to pay big dividends by seeking part-time employment in a hospital as an extern, a laboratory assistant, or even as an orderly. Administering to the personal needs of patients may be just the way in which to learn that patients are only human beings after all. Such a vacation will help the hospitals, keep you in touch with medicine, and help pay for that new convertible.

"Have our bobby-sox bureaucracies discovered a bubblegum that is indefinitely expansible?"
—VIRGIL JORDAN.

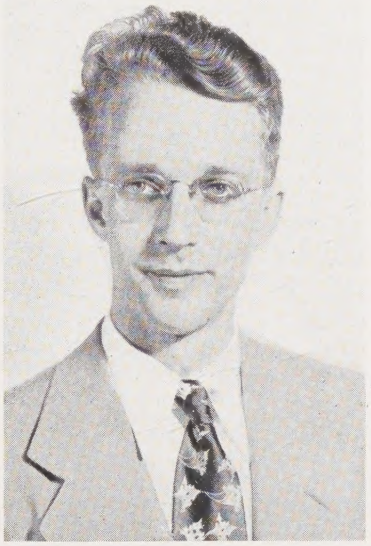
Chez Leroi

By PHIL PORTER, II, Zeta
Executive Editor

Rare is the student who can sit in a large classroom listening to a rapid-fire lecture and come out with a set of notes as accurate, complete, and suitable for permanent reference as he would desire. Zeta Chapter at Michigan has tackled this problem by sponsoring a profit-making lecture-note service, available not only to Zetans, but other medical students, as well as to graduates who wish to keep up with current developments in given fields.

It must be admitted that *"Chez Leroi,"* as the service is called, was not originally a fraternity activity, but was begun by three freshmen to solve their own note-taking problem in gross anatomy. Other students began to request carbon copies as time went on, and were willing to pay for them. At that time several Michigan fraternities printed notes, with each member of a given group taking his turn at lecture-writing. But in each group some members were unable to record lectures adequately, or were laggard in doing so . . . and one by one the fraternity "round-robin" systems succumbed to *"Chez Leroi,"* which advanced from carbon paper to hectograph to mimeograph as its subscription rolls grew. During that time, Zeta Chapter accepted sponsorship of the service, and growth has continued. Since stencils made in earlier years have been preserved and used for "reprint editions," the service this year expects to sell notes to over three hundred subscribers, including graduates.

The entire income of the service is still divided among the men who staff it, giving them an incentive to maintain their standards, promote their sales, and cut corners on expenses. How then does the chapter profit from the relationship? First of all, Zeta holds a unique place in the student body as a fraternity that does not confine itself to advancing its own members, but is willing to serve the whole group. Each subscriber, male or female, fraternity man or independent, knows that Zeta is providing his notes. The effect upon potential pledges is worth something — each male freshman who buys the reprint edition of gross anatomy notes this fall will call at the chapter house for them, thus exposing himself to the attention of a zealous rushing committee. A complete set of notes in each subject is provided the house library. And, in addition, all regularly-salaried staff members are Zetans.



PHIL PORTER II, Zeta

"Chez Leroi" profits from the relationship by use of the fraternity-owned mimeograph and other equipment—plus the fact that the fraternity's backing gives confidence to those subscribers who pay in advance.

The major problem of an embryo note system is not financial, as one might think, but editorial. Zeta's staff found out quite early that word-for-word reporting was unwieldy and inconvenient for cramming, while excessive terseness was inadequate for the better student or for those who valued the notes for permanent reference. Since we found that no two subscribers could ever agree on the correct outline, an essay form has been used, and a one-hour lecture (three typewritten pages) reads something like a "Reader's Digest" article. The lectures have been deliberately kept more complete than necessary for test-passing purposes, and subscribers are urged to compare their own notes with the service's, either expanding their own or underlining the important matter in the service's.

It should be noted that *"Chez Leroi"* does not attempt to cover all classes in any given year. To be covered, the course must be important, and the lectures meaty enough so that ordinary student note-taking does not do them justice, although the subscriber will wish to have them for further use. Also, in courses such as anatomy, where diagrams are given, the service does not furnish them, although it describes them sufficiently to enable the subscriber to check his labeling.

Each subscriber agrees to report promptly any error he finds in the notes, so that a notation can be made on the next lecture. To judge from the number of calls received at the chapter house after a misspelling or other inaccuracy in a lecture, subscribers read their mimeographed notes promptly.

At the conclusion of each course, a complete alphabetical index to the notes is provided.

The service did not become established without concern on the part of the faculty, who feared that "spoon-fed" subscribers would slight their lectures. To counter this, the staff has consistently been sincere in warning its subscribers that a note-service is no gravy train. Subscribers are urged to take their own notes as well, and, to insure attendance, a spot-check is made at each lecture. Consistent absenteeism is punishable by suspension of subscription—but, as yet, no more than a few warnings have been necessary to bring the truants back to classes.

The service is now entering its third year, and during that time has become a well-known

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DR. ROY BISHOP CANFIELD

(Continued from Page 1)

Each one knew his part to perfection (woe betide the one who did not) and the master directed the program with superlative skill. He was a fearless operator, dextrous to an extreme, meticulous in detail, and rapid in accomplishment. Each operative procedure was carried out with a daintiness, a sureness and dispatch which caused Doctor Canfield to qualify for the four attributes of a great surgeon, aptly described by his Chief, Doctor DeNancrede, as "The eye of an eagle, the courage of a lion, the hand of a lady, and the heart of a dove." There in his operating room he pioneered in local anesthesia and he introduced and improved on operations on the septum, the nasal sinuses, the temporal bone, and the larynx. Dean Furstenberg has recently written that "Modern surgery is making more skillful approaches to the sinuses, reducing deformities to the minimum, and embellishing the techniques in some of their minor aspects. Nevertheless, in 1907, the fundamental principles of sinus surgery were just as well recognized and executed by Doctor Canfield as they are today."

In the early days of Doctor Canfield's regime the University Hospital was not very imposing and the equipment none too elaborate. The Obstetrical Department was housed in a few ramshackle huts at the top of the hill where Victor Vaughan House now stands, the main part of the Hospital lay just to the east, and still further to the east stood the recently constructed and relatively elegant State Psychopathic Hospital. The main building was divided like all Gaul into the Department of Surgery on the East, Medicine on the West, and Culinary in between. At mealtime it was no problem for the acutely olfactory to diagnose the approaching repast and likewise its ingredients while traveling the corridor from Medicine to Surgery or the other way about. No department was adequate, and some of the new departments were given short shrift in these limited quarters. X-ray, for instance, had a room in the basement about twelve feet square assigned to it and, in order that the space might be used to full capacity, the Department of Orthopedics shared the facilities of this room for the purpose of applying plaster dressings when the occasion demanded. My old classmate and life-long friend, Frank Wilson, did his first work with the electrocardiograph in a basement cubicle. Well do I remember going to his monastic recess one day in the fall of 1915 to watch him experimenting with one of his early subjects. The patient had one foot in a pail of water and the opposite arm in another pail, while his body was adorned with enough wires and other hardware to put Rube Goldberg to shame. All of this mechanical maze led to a registering mechanism on which a beam of light played back and forth, recording each heart beat. Doctor Wilson expressed great delight when an occasional extra-systole appeared, and modestly expressed the opinion that perhaps some day this, to me, complicated infernal machine might be of use in the diagnosis of heart disease.

Hampered by these limited and totally inadequate facilities Doctor Canfield, with courage, resourcefulness and zeal, went about the task of developing his new department. His first operating room was in the basement beneath the stairway of the old surgical amphitheater. The room was so small that when the patient, the anesthetist, and the surgeon had squeezed their way in, it became necessary for the nurse to hand the instruments to the operator from the hall. This might in modern parlance be termed surgery by remote control.

The Department of Otolaryngology carried on manfully under these discouraging circumstances until the fall of 1907, when Doctor Canfield appealed to the Board of Regents for "A proper building for eye, ear, nose and throat cases." In November, 1908, Professor DeNancrede moved that $60,000.00 be appropriated to build and equip such a building, and in March, 1909, the plans for a building to cost $25,000.00 were completed and bids solicited. It is said that the original intent was to build a two-story building and that Doctor Canfield here, as usual, demonstrated his keen business acumen in getting around the restriction by equipping the basement as the Outpatient and the ample attic for interns' rooms. Into these new and commodious quarters, housing fifty-three patients, Doctor Canfield introduced the most modern equipment, including the Hudson drill, the bronchoscope and a Rauch gastroscope. Foreign bodies were removed from the bronchi and the interior of the stomach was explored by the gastroscope, under his tutelage, as early as 1910. Likewise, in 1910 he became interested in Ehrlich's new Miracle Drug, 606, obtained some of it from Flexner at the Rockefeller Institute, and continued to administer salvarsan in the Otology Department until Doctor

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50TH ANNIVERSARY AT ZETA

Our "date," October 25th, was a memorable occasion to all those who participated. The celebration began at 11:00 A.M. at the Rackham Amphitheater when **Dr. Charles S. Kennedy** (Zeta 1912) gave the first Phi Rho Sigma Roy Bishop Canfield Memorial Lecture. Close cooperation between the Medical School, Dean Furstenberg, and Zeta Chapter made it possible for the Junior and Senior classes to attend. Mrs. Roy Bishop Canfield was present and was deeply moved by Dr. Kennedy's outstanding address. To a capacity audience he briefly reviewed the life of Dr. Canfield, his contributions to Medicine, and outlined the trends in medical education today, particularly with reference to Michigan.

DR. ROY BISHOP CANFIELD

(Continued from Page 10)

Wile was called to head the Department of Syphilology in the fall of 1912. In this environment, surrounded by enthusiastic associates, this amazing man carried on until the new Hospital was completed in 1925, when the Department was transferred to its present quarters. The clinic flourished, countless patients benefited from its ministrations, and its fame and the fame of its indefatigable founder spread from coast to coast and far beyond the seas. Emissaries of good will, singing the praises of the institution, went forth not only in the form of improved, cured and satisfied patients, but perhaps even more importantly in a constant stream of well-trained otolaryngologists who had studied at the feet of the master.

Early in the history of the Department Doctor Canfield realized the necessity of training younger men to carry on in the best tradition of his specialty so that the public might enjoy increasingly better care. In 1906 he, with others of the faculty, gave consideration to graduate training, and a residency was set up in the Ear, Nose and Throat Department which required first three years, later four, and eventually five years of training. When the intern had obtained a general view of clinical medicine, he was given increasing responsibility in the operative and teaching fields until during his last year he carried the title of Instructor, devoted much time to operating and teaching, and eventually left the institution to carry his knowledge to a new field where he entered practice on his own. This plan has been adopted throughout the University Hospital and is in extensive use throughout the nation.

The distinguished group of Canfield men has justified the foresight and painstaking training of its beloved mentor, has added luster to the name of Michigan, and has brought incalculable relief to suffering humanity. Listen to the names of this glorious group, each a leader in his own right: Cushman, Plummer, Uren, Smith, Lorie, Lillie, Wendel, Barlow, Furstenberg, Galbraith, McClure, Tolan, Barnard, Woodruff, Stinson, Hotchkiss, Fast, Mathews, Yates, Croushore, Linn, Keeler, Bonham, Menzies, Maxwell, McGillicuddy, Beavis, Canfield, Rigley, DeStio, Craddock.

Though some may question a spiritual immortality, none can deny the intellectual immortality of such a galaxy of stars. Each of them would credit his beloved chief with furnishing him with the foundation which made his distinguished career possible, as well as with the spark of enthusiasm which enabled him to carry on. That Doctor Canfield lives in the magnificent achievements of his boys cannot be doubted.

> **"The main issue in present day social and political conflicts is whether or not man should give away freedom, private initiative, and individual responsibility and surrender to the guardianship of a gigantic apparatus of compulsion and coercion, the socialist state . . . America alone is still free to choose. And the decision of the American people will determine the outcome for the whole of mankind."**
>
> —LUDWIG VON MISES

In 1930 a postgraduate course for about forty specialists in Otolaryngology was started at the University, and this course has been carried on ever since, with enthusiastic applicants from all parts of the country clamoring for admission. Doctor Canfield gave to these men, as in truth he emphasized to all of his students, both undergraduate and graduate, those things which he thought would be most useful in caring for their patients. He had little use for frills, always emphasizing the practical aspects of all problems.

During the first World War, he was assigned to Camp Custer as Major in charge of Otolaryngology. Later he became Chief Surgeon, Base Hospital No. 76 — A.E.F., and still later Surgeon Consultant of Base Section No. 3. He was discharged in January, 1918, and returned to Ann Arbor.

Together with all of his other fine qualities, he had a keen sense of humor, was a delightful companion, and a splendid after-dinner speaker. Many a hall has rocked with laughter as he told a particularly pat story or related a humorous personal incident in his inimitable puckish manner. It was a rare privilege to have known such a man.

On May 12, 1932, this magnificent career came to an untimely and tragic end. The beloved scientist, teacher, friend and patriot suddenly had his life snuffed out in an automobile accident. His devoted wife established the Roy Bishop Canfield Memorial Fellowship in Otolaryngology in 1932, through a munificent gift to the Regents, for the education of worthy students of the specialty. Several men have completed their training with the help of this fund.

A great man has gone to his reward, but the good that he has done lives after him and will live until the end of time. His example, the clarity of his vision, his accomplishments, and his ideals make one halt in the mad struggle of our time to reappraise our own objectives.

At times it is perhaps well to review the objects of one's accomplishment in the light of an unprejudiced outsider and to square those accomplishments with the fine deeds of the past. Once in a while it is desirable to take bearings before proceeding on one's course. Therefore, let us consider briefly our objectives and how they shall be attained. What are the purposes of the University — and more especially of the University Medical School? And what does it seem they should be to one who has spent thirty-five years on the medical firing line? It surely can be stated broadly that those objectives in the main are the constant proces-

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INTERNAL MEDICINE AND THE FAMILY PHYSICIAN

(Continued from Page 5)

tions with patients and their friends; participate in community activities; cultivate a hobby; in the language of Osler, make Work your master word and do these things until, for one reason or another, comes retirement; then keep on doing some of them. This is the ideal for you in internal medicine and equally as family physician. No man can expect to excel in internal medicine, unless continuously he studies patients with all sorts of diseases and reads the work of others. Read widely; when possible, browse in the medical library; own medical books and subscribe to journals, general and special; the books and journals, which you do not own, rarely will be read; establish the habit of daily selective reading of things medical; it is surprising how one hour of daily reading can keep a man abreast of new knowledge in medicine. Do not be tempted to curtail and narrow your field of reading by the oft made statement that so much is published now that it is impossible to keep track of it. This is but the excuse of the lazy, and it is not a correct statement, as I personally can vouch for. The more that is published, the more there is that is worth reading. It is entirely possible to know by reading much of the whole field of internal medicine and have some time, too, for general literature, as has been my own experience.

As to needed personal characteristics and personal aptitudes, what may be said? Great success will not come in medicine unless the physician likes people and is interested to study their personalities and reactions. The practice of medicine is far broader than diagnosing and treating a disease; it is a study of man in his reactions, mental, moral and physical, to disease. The physician should become the wise counselor and guide of his patients; to develop these relationships is an integral part of the practice of medicine. It is my belief that every physician needs a religion, based on a simple faith, with which to guide his patients to healing or to ease their slipping into oblivion; the atheist, the man with no religion, in my judgment should not become a physician. Of course the physician must be honest with himself and his patients, avoiding all shams and poses. If children and dogs do not come readily to you, question seriously whether you have the proper aptitude for medicine. Do not be garrulous, eschew gossip, do not talk to others of patients and their confidences to you; follow Osler's wise advice: "of your colleagues, if you do not have good things to say, say nothing"; it is well to apply this also to your neighbors and other fellow citizens.

As good medicine can be practiced in the home as in the hospital; only some disease conditions require methods only applicable in a hospital. A well appointed office is necessary to good medicine; the more special examinations and studies that can be made in your office, the better, in all probability, will be the interpretation, correlation, understanding and application of them in relation to each patient. He who sees patients only in the hospital has the handicap of a void in knowledge of the patient as to how he lives, what are his human relationships to family and friends and what is his real economic situation, all very difficult to supply in any way than by personal contact and observation outside the hospital. The same applies to the physician who only in the office comes in contact with his patient. Best medical advice in general will be given by the man who knows his patient's home, his family, his friends and his business. The family physician in these respects has a great advantage over others in internal medicine and more than any other can establish those personal physician to patient relationships, so pleasant in the practice of medicine and to essential to success in it.

Much is being talked of about changing conditions in medicine, of socialized medicine, of governmental supervision and support. Always I have advised young men to go ahead with their thorough training for medicine without being disturbed by all of this. It is my judgment that always will there be a need in medicine for capable, well trained men, and such always will be well compensated and able to live a good life, happy in a fine career. In my experience the medical men, who complain of the inadequacy of economic returns and are disturbed by changes, are the ones not well trained, because early in their careers they stopped learning and began forgetting so that year by year steadily they knew less and less of medicine. Unfortunately, there still are all too many of these in medicine.

I believe that along the lines drawn in the preceding paragraphs success in medicine will come to those who diligently follow them. In all human activities success comes in greatest measure as the result of aptitude, training and continued diligence. This certainly is true of medicine. After full fifty years in medicine I can say to you young men, it is a fine profession, highly rewarding to him who follows it, filled with interest and great joy in its pursuit.

POSITIONS OPEN

Full or part time Pathologist, and Full Time Resident: Philipsburg State Hospital, Philipsburg, Pa.

General Medical and Surgical Hospital; Bed Capacity, 135 Adult; 18 Bassinets.

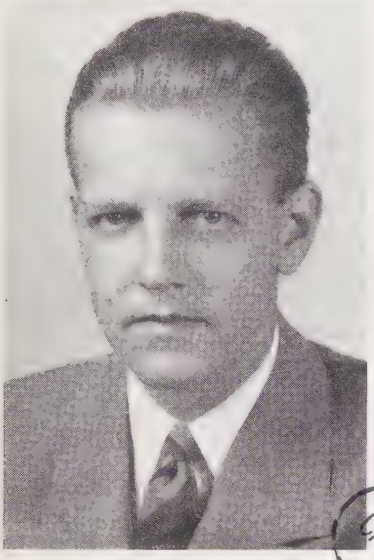
Contact Superintendent: Thelma N. Vonarx.

Phi Rho's Talk

At the Federated Biological Societies meetings in Atlantic City, New Jersey, March 15-19, papers were presented by Richard W. Whitehead, Psi; Robert T. Thompson, Chi; Paul L. Mclain, Chi; C. H. William Ruhe, Chi.

Holstrom Leads Phi Rho's in Salt Lake City

Dr. E. G. Holmstrom, Theta Tau, Professor and Head of the Department of Obstetrics and Gynecology of the University of Utah, Salt Lake City, has ably



E. G. HOLMSTROM, M.D.

demonstrated that Minnesota penchant for skillful and efficient organization. Working with Dr. Joseph M. de los Reyes, Councilor of Southern California and Executive Council representative in the fraternity extension program, Dr. Holmstrom has already launched an alumni chapter at Salt Lake Lake City and has submitted to the Grand Chapter a petition from a representative group of undergraduates to form an active chapter.

The officers of the new alumni chapter are: President: E. G. Holmstrom, Theta Tau; Vice-President: Frank D. Spencer, Alpha Beta; Secretary: Walter L. Felt, Alpha Beta; Treasurer: John J. Galligan, Eta.

Dr. Holmstrom graduated from the University of Minnesota in 1937, and was on the teaching staff of Obstetrics and Gynecology at that institution before assuming his present position at the University of Utah.

SKETCHES OF POST WAR EUROPE

(Continued from Page 6)

plentiful and much better than in England, and the prices compared well with those at home. The culinary art and resourcefulness of the French are also much better than that of the English. The monetary exchange had to be watched, as the value of the franc fluctuated between 118 and 250 francs to the dollar. I did a lot of rapid calculating when, at the end of a very fine dinner with the best of wines for four of us, the waiter presented a bill for 5,000 francs. When I figured it out it came to $20.00 and it was well worth it.

I visited the American Hospital and was shown all through it. It is a fine building in beautiful, spacious grounds and accommodates about 200 patients. There is a good clinic, and the hospital is well equipped but not nearly up to our standards. Operating rooms and x-ray departments have mostly American equipment largely donated by America. The room rates are about one-half those of the Los Angeles hospitals. The nurses are paid $60.00 a month.

Next we proceeded eastward, traversing very beautiful agricultural districts which were recovering very well from the war. Only the cities where there were some factories had been considerably shot up. Here too we passed a number of large Prisoner of War camps and saw German prisoners working on the roads and in the fields. Finally we crossed into Switzerland at Neuchatel and went to the capital—the city of Bern. This country had entirely escaped the war; in fact, it had rather benefited by the miseries and restrictions that existed in all the warring countries which surround it. We did, however, have to give up, here too, bread coupons as in the other countries, which shows that the grain shortage was universal in central Europe. But the cities and countryside were neat, clean and prosperous. Business was lively, the people were well dressed and cheerful, and there was an abundance of good food. Food prices were about as high as in the United States, but hotel rates were quite reasonable. I tried to get into the southern part of Germany, which is in the American Zone of Occupation, but I could not get permission. No amount of persuasion, least of all bribing, can budge the American army. I was told it is much easier to get through the French or British Zones. The American officer at the passport office told me that he had an average of one thousand requests a day and of these he could never pass more than about ninety. These were applicants who had a father or mother in dying condition (which fact had to be certified by a doctor and military officer), or now and then an important commercial of manufacturing agent. The whole of Germany is like one big concentration camp where only military personnel can get in or out. While I regretted my inability to get into Germany, I nevertheless felt a sense of relief when I heard from army officers who had come across the border of the awful destruction everywhere and the hunger and misery of the people. We spent three days in the beautiful city of Geneva; saw the great buildings of the League of Nations, the elegant casino and many interesting historical places.

From Switzerland we crossed the border back into France. This happened to be on the 14th of July, Bastile Day. Everybody was celebrating it and the customs officials were all in their cups and did not want to be bothered with any inspections. So they quickly took our word for our declarations and stamped our papers in less than ten minutes. The southeastern part of France came through the war fairly well with the exception of the larger manufacturing cities such as Lyon, Clermont, Tulle and Brieve, where there were extensive airplane and tire factories. Such installations were pretty thoroughly

destroyed. Finally we reached the ancient town of Carcassonne. We stayed at the Hotel de la Cité in the fascinating, old fortified city on top of a high hill. This part is still surrounded by a moat and a high wall with fifty-two towers. It is well preserved and is a perfect example of a medieval city. The hotel, a former Bishop's palace, was so attractive and comfortable, and the service and food were so good that it was with difficulty that we tore ourselves away. After three days we proceeded southward toward the Mediterranean coast. The land here was less fertile and prosperous and much of this region resembled California desert country. We went through the cities of Narbonne, Beziers, Montpellier, Nimes, with its well preserved Roman coliseum, to Avignon. These larger cities and the country as we approached the Mediterranean showed more and more signs of war damage. At Toulon, which is a large and important harbor city, there was frightful destruction, and we saw a number of large and small ships wrecked in the harbor. There is tremendous reconstruction work going on and thousands of laborers are going in and out of the shipyards. All along the beautiful Riviera the coastal towns have been severely bombed, but rebuilding seems more active than in the northern parts of France. On July 22nd we reached Monaco. This attractive principality was not affected by the horrors of the war, but business is not as prosperous as in peacetime and the famous Casino is not what it used to be.

From the city of Monte Carlo to the Italian border at Mentone is only a little over an hour's ride. There we were met by an old friend of ours, Mr. Gino Signorini, who happened to be the president of the Italian hotelmen's association, and he accompanied us all the way to Rome. With his knowledge of the language and his acquaintance with all the necessary connections, our trip became most easy and interesting. We passed through Genoa, which had been badly bombed, being the largest seaport in the north of Italy. Here the rebuilding and universal business activity was truly phenomenal. We had to pass scores of some of the largest and most powerful oil trucks we had ever seen anywhere. All over Italy there is more energetic and cheerful work of reconstruction in progress than in any country we visited. Considering that over 32 thousand bridges had been blown up during the war all over Italy and that scarcely two years later we motored from her northern border to beyond Naples in the South and found all the highways and bridges repaired, one must have the greatest respect for the Italian people who, before Mussolini's time, were proverbially lazy and improvident. From Genoa we went south through the important harbor town of La Spezia, then through Pisa and Leghorn. All these places were practically ruined. What the German armies had not succeeded in dynamiting during their hasty retreat was thoroughly bombed by our pursuing air forces. Fortunately the cathedral and the Leaning Tower of Pisa were preserved. At Leghorn there was the largest U. S. Army supply depot in Italy. This consisted of store buildings and yards for army trucks, jeeps, caterpillars and mountains of tires, and extended for several miles on both sides of the highway—all behind ten-foot wire fences with signs in English and Italian which read: "Anyone tampering with the fence will be shot dead." U. S. soldiers were guarding everything, and the traffic through all the cities was regulated by them. All this wonderful material, representing many millions of dollars, is largely going to waste and ruin because even if the Italians had the money to buy these trucks and machinery they could not get the fuel to operate them. We continued on south along the west coast, passing many interesting towns of medieval and ancient construction built for the most part on the tops of mountains which in olden times afforded the people greater security. The highway was paved and, by order of Mussolini during the earlier and constructive years of his regime, was ornamented with oleander bushes all the way down to Rome. All of Italy, cities and well as the countryside, is always beautiful even in its ruins.

At last we arrived in Rome, "The Eternal City." Rome, largely through the influence of the Pope, was declared an Open City by the German command. The Germans, who had occupied it for a couple of years, evacuated it and it was thus spared. Space does not permit a description of the beauty and historical interest of this wonderful city. Here the life and business seemed almost normal. Hotel space was rather limited, as most of the large hotels were still requisitioned by the army and were occupied by American and British officers. The food was good and abundant and the Black Market flourished openly and everywhere. Of course the poor fared rather meagerly, but Italians are quite content with

TWENTY-THIRD CONVENTION

OF

THE GRAND CHAPTER
OF PHI RHO SIGMA

French Lick Springs Hotel
French Lick, Indiana

AUGUST 2-5, 1948

some spaghetti and a little cheese and wine, all inexpensive. Only money is very scarce and wages are very low, so the poor people cannot buy any clothes and shoes to replace what is wearing out. Cigarettes are here, as in all other countries over there, a great luxury and serve admirably for gratuities. American cigarettes are plentiful, having reached the open market by devious ways from the army Post Exchanges where they arrived, of course, duty free.

After several weeks in Rome we went to Naples. All the towns south of Rome were more ravaged by bombing than those in the northern part of the country. In this section the Germans had offered much more resistance and our armies, particularly our Air Force, did a very thorough job. Of the venerable town of Cassino, which contained the first hospital and medical school in Europe, there was not a wall nor a chimney left standing. In Naples the magnificent modern docks, all the waterfront and about half of the city were an impenetrable heap of rubble. Poverty, rags and beggars were seen everywhere. They are trying hard to clean things up and to rebuild, but they are weak and have no money. Still farther south past Salerno and beyond, where the first American invasion took place, we visited the military cemetery with its six thousand graves, all beautifully cared for and solemnly peaceful. All the little towns were destroyed and even the farm houses in the country were full of shell marks. Yet the farmers were energetically tilling their fields and praying that a good crop might relieve their miseries. The beautiful Amalfi coast from west of Salerno to Sorrento was well preserved. The small but interesting hillside towns had been of no military importance and not worth wasting much ammunition on. The hotels here had been used for hospitals and recuperation stations for English and American soldiers and officers. We spent a number of days at beautiful and restful Hotel Capicini Convento in Amalfi and enjoyed the friendly and hospitable treatment of its proprietors. From there we motored back north again past Naples and Rome to Florence. This latter city had been severely bombed. All the bridges over the river Arno were destroyed except the ancient and picturesque Ponte Vecchio. It had been left standing by both armies for sentimental reasons, but the Germans had dynamited the approaches on both sides of the river so that the bridge was useless until the rubble had been cleared away. The famous art galleries and cathedral were also preserved.

From Florence we went through Milan up to the lovely Italian lake country to Bolzano in the Italian Alps, then south again over the magnificent Dolomite Mountains to Venice. Even in this mountain region the war had caused much damage to every town of any importance, and wherever there was a bridge or railroad station there was evidence of extensive dynamiting and bombing. This northern country was still occupied by the Allied military forces and mostly by British troops. Milan has been pitifully wrecked, but it is rapidly being cleaned up. Venice has suffered comparatively little from bombing. The fertile valley of the Po river with its fine farms and orchards and vineyards is being well rehabilitated.

At last we returned to Rome and then to Naples where we took the Italian steamer "Vulcania" for New York and home. We found the food very good and the service much more polite and hospitable than on the American steamer. All the officers as well as the crew seemed to be very appreciative of the American patronage.

CHEZ LEROI

(Continued from Page 9)

tradition in the medical school. In fact, the current notes function as a sort of student news bulletin, chronicling engagements, marriages, and births, announcements of meetings, social events, and even "want-ads" for students when space permits. At one time, when a sensational student-rape trial at the local courthouse was drawing subscribers away from lectures, the service even ran daily resumes of the trial, to keep the classrooms filled.

This year three classes will be enrolled with *"Chez Leroi"*; juniors and sophomores will subscribe to current notes in junior pathology and internal medicine; sophomores will use notes in sophomore pathology and physiology, and a special handbook prepared for laboratory work in histological pathology; freshmen will use a second edition of the original gross anatomy notes. In addition, the pathology handbook and internal medicine notes are expected to sell well to seniors, interns, and graduates.

With as few as fifty subscribers, paying twenty-five cents for each three one-hour lectures, a note-service can make its expenses. Having expanded to a larger subscription list, *"Chez Leroi"* now pays each staff member over a dollar an hour—but no timeclocks are punched. Wages are based on a reasonable time required to do the job; if the staffman finds a shortcut his pay is not cut. Distributors and assistant editors, whose jobs do not require sacrifice of study time, are not paid wages, but receive their notes free, and are awarded bonuses when finances permit. Last year, about $35 a week was paid out in salaries, and a total of $70 in bonuses.

Zeta Chapter will be pleased to give further information to Phi Rho chapters considering such an activity, or to any other interested parties. Letters may be addressed to *"Chez Leroi"*—Phi Rho Sigma, 300 N. Ingalls, Ann Arbor, Michigan.

DR. ROY BISHOP CANFIELD

(Continued from Page 11)

sion of a group of good citizens through the portals of the University so that they may take their places as leaders in the various communities where they reside and maintain high standards of health in those communities so that individually and collectively the citizens may labor long and well, fully enjoying the fruits of their labor.

The three major influences in this State, devoted to this end, leaving out religion, are the University of Michigan, Wayne University, and Michigan State College. If these three, as the leading educational institutions in the State, cannot educate good Americans and send them forth into the various educational institutions and communities to the end that the principles of solid Americanism may filter down through the various colleges, high schools, grade schools and kindergartens to raise new generations of good Americans, then this nation is finished and all of the dreams of democracy ended. The development of worth-while citizens is the solemn obligation of all schools and the major objective of the University.

In this modern world of Nazism, Socialism, and Communism, we need no other "ism" but Americanism. Look in any direction at the miserable condition of any people who practice a theory of collectivism and ask yourself if you would have America change places with them. What are those thinking of who advocate a change to these false philosophies in government, medicine, or anything else? Everywhere we need militant teaching of the principles which have made America great. A noisy infinitesimal minority makes such a racket that their vaporings sound like wisdom, when they are only the froth of suppressed desires and released inhibitions.

What in addition should especially be the function of the Medical School? The first purpose would seem to be the education of good doctors. The term "good" should be used in both the ethical and scientific sense. Our graduates should be good in the sense that they are honest, upright, decent members of the profession. They should be honorable to a point of meticulousness in dealing with their patients and their fellow practitioners. There is no room for cheating in the practice of medicine. A patient, perhaps a perfect stranger, comes to a doctor, especially a surgeon, and says, "Here I am," or "Here is my wife or child whom I value more than life itself—do with us as you will." He places a faith and trust in the physician which entails more of a solemn obligation than any other physical responsibility known to man. That obligation inevitably should, and always does, receive from the true physician a response measured by the limits of the Golden Rule — nothing is done to the patient that the physician would not willingly submit to if the situation were reversed and the doctor became the patient.

> **No physician, insofar as he is a physician, considers his own good in what he prescribes, but the good of his patient; for the true physician is also a ruler having the human body as a subject, and is not a mere moneymaker.**
>
> —PLATO.

Some greedy doctors operate in a field of rank commercialism. To a degree their patients are regarded as chattels which may be disposed of to the highest bidder—a system of division of fees has been built up whereby a referring physician is secretly paid a commission, usually for referring his patient to a specialist. The commission varies all of the way from 10 per cent to 50 or 60 per cent of the fee, and the patient frequently suffers because the good doctor, ethically, will not stoop to such a subterfuge and the good doctor, professionally, does not have to. The profession does itself no credit by countenancing such a practice. Who among you would like to have the question of an operation on your daughter determined by the amount of the fee which you could pay or the surgeon who would do the operation by the size of the commission which he paid the referring doctor? The American College of Surgeons and the various licensing boards carry on a continuing battle against this nefarious practice and they deserve the utmost support from all well-meaning doctors.

Then in the scientific sense, our Medical School should, as always, graduate good doctors. This does not mean at all that they should be a collection of prodigies so profound that they can only understand each other part of the time and sometimes cannot even understand themselves. A well-equipped doctor should have enough of the scientific and practical side of medicine judiciously mixed, so that he can leave his Medical School, take an internship perhaps followed by a residency, and go forth to take adequate care of the public. His patients are interested in getting well, and the only successful practicing doctor is the one who has more patients living than dead, no matter how scientifically he may have treated either group.

At the last meeting of the American Surgical Association the retiring president, Doctor Edward D. Churchill, in a masterful address, talked at great length in complete harmony with this viewpoint. He felt, as do many of us, that with the rapid progress in scientific medicine which has been attained during the past half century, there has been an accompanying loss in what he has chosen to call the "humanities." The patient in many instances has become the object of scientific research and not a human being in quest of medical relief, while the doctor has become the cold-blooded scientist with little of the warmth of understanding sympathy and friendship which inspires confidence amounting

almost to sublime faith in the patient. It may well be that the rapid growth of cults, especially during the late war years, has been partially due to accelerating loss of the humanities. In the best interests of the public as well as the profession, these intangible values had best be recaptured soon.

As a complementary observation to this reasoning, it is my considered opinion, and with this opinion a great many others of my acquaintance agree, that the younger men of our generation have become unduly "board conscious." A large majority of interns seem to believe that to practice good melicine they must take residencies and pass board examinations. Perhaps the universities, the boards, and some large hospitals have fostered and encouraged this belief. Without in the least degree meaning to disparage the excellent work which the boards have accomplished in the training of specialists, it needs to be said that this wide-spread feeling that boards are essential to the practice of good general medicine should be halted at once, and the general practitioner be restored to his rightful place as the keystone of the profession. There are many areas in this state where no well-trained doctor is available and, as a result, especially during the war years, these districts have been invaded by border-line medical groups or have been taken over by the cults. The good folks of these districts have no other choice than to turn to pseudo-medical practitioners or to frank charlatans. This situation is bad for the medical profession and woeful for the public. Immediate study of this whole matter is imperative, and the University should do its part in helping to alleviate an ever increasingly serious problem. Those of you who attended the Triennial Reunion two weeks ago learned from our Dean and others that preliminary studies aimed at the solution of this problem are already under way.

It is unfortunate for the physician, and equally so for the patient, when the doctor is educated beyond his intelligence. The result always is that the doctor becomes completely lost in the maze of his own wisdom or is transported to such a realm of confusion that his thinking becomes static and his medical accomplishment in a given case adds up to zero or worse. Let me illustrate: In a not far distant city, some weeks ago, there lay on his death bed a very well-to-do citizen of that city who had been explored for what proved to be inoperable cancer of the large intestine. The poor fellow's abdominal cavity was literally peppered with malignant implantations, there were local niduses of peritonitis, and his abdomen contained quarts of ascitic fluid. The unfortunate chap developed a bad attack of hiccoughs which, of course, could have been readily explained on the basis of his peritonitis or ascites. The family was frantic, and a learned psychiatrist, who was imported from a large city, came through with an explanation of the whole troublesome matter which was as far from the facts as Ketchikan is from Timbuctu. After gazing intently and prolongedly into the patient's eyes and demanding to know what he was worried about, this learned gentleman came from the sick-room to announce that the man's hiccoughs resulted from frustration because he did not like his nurse and that, therefore, the nurse should be fired. The nurse was fired and the patient passed to his reward a few days later, still hiccoughing. Incidentally, one of the by-products of this learned opinion was that the attending surgeon nearly suffered a stroke.

> **"Freedom is what makes the difference between America and the rest of the world. There are other countries that have as many natural resources as we have. But they lack one thing —freedom—the opportunity for men and women to work where they please, plan their lives as they please, say what they please and worship as they please. That is a great heritage we must preserve at all cost."**
>
> —C. E. WILSON,
> President of General Motors.

Let it not be assumed that it is believed that such curious opinions reside only in the realm of psychiatry. No such implication is intended. Equally bizarre conclusions are reached in all branches of medicine where the recipient of the benefits of higher education has accumulated a lot of facts and at the same time lost the capacity to think. The plea which is being made is that, along with a huge dose of the facts of scientific medicine, there be instilled also a modicum of the tincture of common sense.

The second major purpose of the Medical School would appear to be the pursuit of scientific investigation. The busy practitioner of medicine has neither the capacity, the facilities, nor the time to carry out scientific research. Yet, without scientific research, no progress would be made. Medicine would be stationary and we would still live in the medical mumbo-jumbo of the Middle Ages. Somebody has said that the great scientific discoveries are made in the libraries and not in the laboratories. This may be true to a degree, because all progress is in some measure dependent upon what has preceded it, but, in any event, University life furnishes the opportunity to dig the pertinent facts from the library, to test them in laboratory experimentation, and to go on from there to newer fields.

Unusual minds are essential for such pursuits . Careful persevering, self-abnegating, and above all, honest personalities make up the great group of scientific investigators who labor endlessly with little hope of financial reward beyond the requirements of life itself. These men obtain their chief satisfaction in the knowledge of a good job well done and in association with a group of rare souls who

know in their innermost selves that, after all, they are the ones who make the wheels go 'round. Peace and quiet in a contemplative atmosphere with an all too meager budget which will be sufficient to supply them with the means with which to work is all they ask. From the labors of such self-effacing folk is progress made.

The third major purpose of the Medical School should be to care for the sick of the State in this great University Hospital. It has been suggested recently that this is the first purpose of the Hospital, and all other objectives are subsidiary. It would seem that such a contention is far from the fact. A goodly number of patients must and do pass through the University Hospital Admitting Office for treatment, but let it be remembered that the major purpose of the Hospital is to have enough patients to furnish teaching material for the benefit of the staff and the students. No argument need be advanced in this age that bedside teaching is the best means of instruction for future clinicians. This idea was first introduced into American medicine about the turn of the century and has increasingly proven its worth ever since. The future of medicine and the welfare of the State are inseparably tied to the clinical teaching of medicine.

It is the business of the members of the University Hospital staff not only to see that it has enough clinical material for good undergraduate teaching, but also it must have sufficient material to thoroughly test and prove those things which are good and to pass on to the physicians of the State and the Nation the useful results of their investigations so that all may benefit. Such controversial subjects as vagotomy should be carefully studied in the University Hospitals and after several years of observation, when several thousand cases have been investigated, the results should be given to the practicing surgeon without coloring. This is the only way that the truth can be determined about this subject or any other. In my opinion, the present efforts to find the place of vagotomy through wholesale attempts to do this operation by both the highly competent and the totally incompetent is to be deplored. Since no two of the competent can agree on exactly what should be done or where, what is one to expect from the utterly fearless, the publicity seekers, and the nit-wits who rush in where those clad in celestial raiment fear to tread—and this latter group does not necessarily include all of the professors.

The record of this University Hospital is outstanding in its capacity of serving as a laboratory for the production of a better clinical armamentarium for the profession and the public. Without intending to make any invidious comparisons and mentioning only a very few of the scores of outstanding contributions which might be mentioned, there come to mind at once studies in diabetes, electrocardiography, pernicious anemia, hypertension, water balance, diseases of nutrition, and many others which have saved countless lives and restored untold numbers to health during the past half century. From this standpoint alone, the State's investment in the Medical School has returned dividends many times the capital sum invested.

They that can give up essential liberty to obtain a little temporary safety deserve neither liberty nor safety.

—BENJAMIN FRANKLIN.

And, lastly, the purpose of the University Medical School should be to replenish constantly the springs of medical knowledge throughout the state. Medical students have been known to leave this University and to boast twenty years later that they had never opened a book since they walked through the University's doors on their way out to do battle in a commercial bedlam. May their tribe perish.

Fortunately, the vast majority of University graduates have no such materialistic and atavistic concept of the practice of medicine as this, but, rather, they do believe that medicine is a living, moving, progressive thing which strides forward at a faster pace than any man can equal, and, therefore, it is necessary at frequent intervals for the best trained among them to exchange views with one another and to sit at the feet of the masters. Twenty years ago the late Doctor James D. Bruce accurately appraised the needs of the future and instituted a postgraduate course under the combined sponsorship of the Michigan State Medical Society, Wayne University Medical School, and the University of Michigan Medical School. The purpose was to offer refresher courses and study and discussion periods to all of the profession of the State, so that better medicine might be offered to the public. The experiment started in a modest manner and spread like wildfire, until now there are a great many thousands of hours each year devoted by sincere members of the profession to the object of acquiring the best information available about the latest advances in medicine. The fruits of their studies are passed on in better care for their patients, who in the final analysis are their chief concern and their life's work.

Dean Furstenberg and the Medical Faculty have well under way a comprehensive plan which will not only offer to the older practitioner continuing courses in medicine but will also offer to residents and interns opportunities for further study which are incomparable. The labors of Doctor Bruce and his associates placed Michigan in the forefront in the Nation in postgraduate medical education. The labors of the present medical faculty will keep it there.

In order that progress in this

great institution may endure, and, likewise, that it may continue to be a leader among the great Medical Schools of the world, certain physical changes in the Medical School facilities must be brought about just as soon as funds are available. Something has been said of the limited buildings during the first decade of this century. Great progress has been made since then, but still greater strides are imperative in the next decade. The Maternity Hospital is a disgrace and it should and will be replaced at the earliest possible moment. The preclinical laboratories are scattered about the campus and should be assembled in close proximity to the Hospital. The Hospital is limited in bed capacity and available laboratory facilities. The sites for the erection of the buildings necessary to meet these crying needs have nearly all been acquired by the Regents. It is hoped that in a few years, flanking the present Hospital on the East, there will rise a new building sufficiently large to house all of the additional patients needed for good undergraduate and graduate teaching. And on the West, it is hoped to erect a series of structures which will house all of the necessary preclinical facilities of the Medical School. To this desirable project, a sympathetic and understanding administration is already committed. Then we shall have assembled in one place the great University of Michigan Medical Center, conceived and accomplished in the indomitable spirit of the group of pioneers whose vision made it all possible. We offer homage to the ideals of these pioneers.

In the front rank of those enthusiasts, offering a word of encouragement here, stimulating by energetic example there, always restlessly urging on to better and finer things, marches now and ever the spirit of the great physician, loyal son of Michigan, whom we honor today —Doctor Roy Bishop Canfield.

Chapter Eternal

Henry James Graham, Epsilon Chapter, died on February 5, 1948, following a long illness. Brother Graham had been confined to his home for the last thirteen years, following a cerebral hemorrhage.

Emmett Davis, Lambda Phi Chapter, died March 3, 1948.

Dr. Milford L. Hobbs, Alpha Delta, was appointed Professor and Head of the Department of Pathology and Clinical Pathology, at the University of West Virginia, School of Medicine, Morgantown, West Virginia, on September 1, 1947.

John Calvin Hartman, chief obstetrician of Abington Memorial and Germantown Hospitals, died suddenly in his home at Mill and Dale Roads, Meadowbrook, Pennsylvania. His chapter affiliation is Chi. "A native of Gettysburg, Pa., Dr. Hartman, who was 57, graduated from Gettysburg College in 1913. He served as an officer in the First World War and began his practice of medicine in 1919 in Germantown, two years after his graduation from the University of Pennsylvania Medical School. In addition, he served as assistant chief of obstetrics at Lankenau Hospital.

"Surviving are his widow, Cornelia; two daughters, Misses Mary and Jane; two brothers, George of Atlanta, Georgia, and Roy, of Boston; and a sister, Mrs. Paul W. Bocher, of Elwood City, Pa."

Dr. Charles H. Halverstadt, Chi, aged 77, died June 15th, 1947, at his home in Pittsburgh, Pa.

George Curtis Shockey, Iota, died August 7th, 1947, at his home in Franklin Park, Illinois.

Edward S. Emery, Jr., Nu Chapter, passed away at his home in Buzzard's Bay, Mass., March 15th, 1947.

CENSOR MEDICINÆ

• It is interesting to note that when accident or illness strikes the town drunk or bum, all the various agencies rush to his assistance. However, let the same catastrophe befall the self-respecting wage-earner, who is striving to pay his bills and his taxes, and he is treated with studied neglect by these same benevolent agencies. This latter patient is deserving of our every consideration in the solution of his problems. He is the one toward whom all the forces of socialized medicine are directed.

• The use of plain, common English words reveals the complete lack of knowledge of their definitions. We say one thing when we mean another, and the idea produced in the mind of our hearer may be, in all probability, a third meaning.

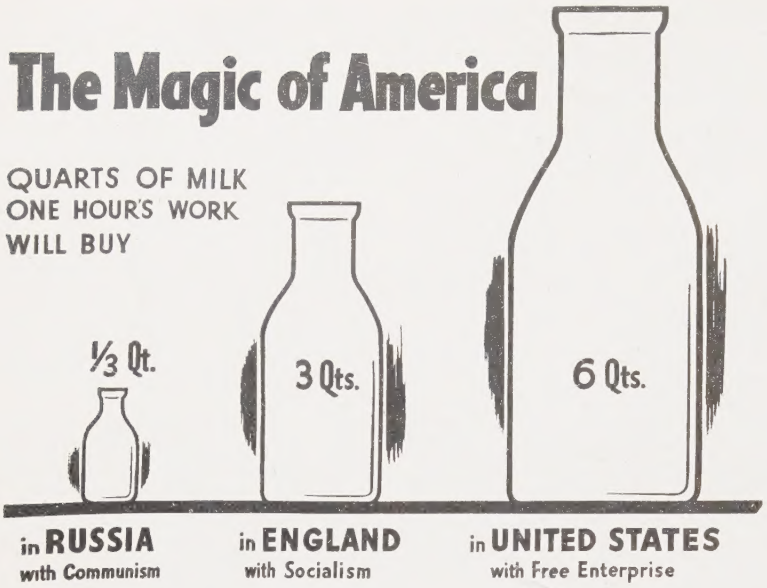
• Many well-meaning groups are loudly proclaiming their doctrine of tolerance; tolerance of races and creeds foreign to their tight little memberships. And what do they mean by tolerance? Is it the same as holding their noses against the fumes of a paper mill that is owned and operated by a wealthy and powerful citizen? Is our tolerance of the weather on the same plane as the Mark Twain aphorism because no one does anything about it? Do we tolerate the Negroes, the Indians, etc., because it is impossible to dispose of them further with neglect, disease, deportation, or by any other so-called natural or legal means? Is tolerance the correct term?

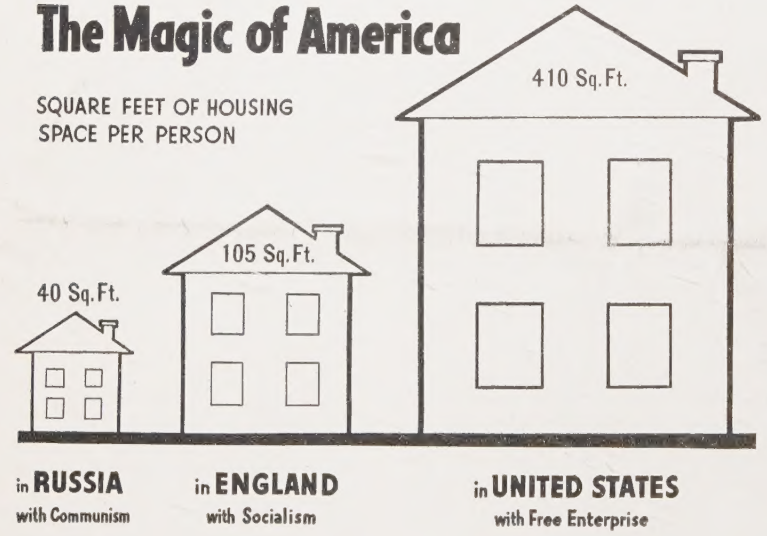
• The dictionary defines the word tolerate to mean to endure, to bear up under, to resist, to suffer to be without prohibition or hindrance, to allow or to permit by not preventing.

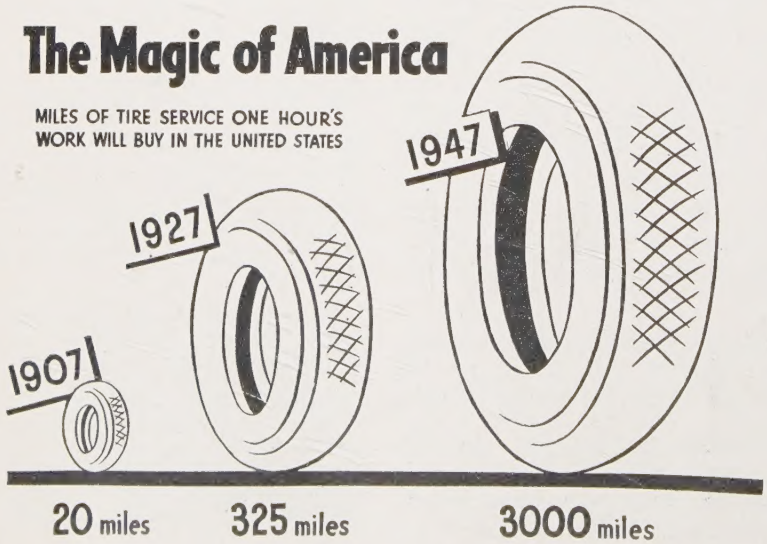
• So that is what is meant by tolerance!!! Perhaps these well-meaning groups should examine their own consciences to find out just what they do mean.

• The urgent need now, more than ever before, is for understanding of our fellow man, because understanding implies tolerance and sympathy for his circumstances. There can be no brotherly love for our neighbor or for our foreign neighbors without a full knowledge of them, and the conditions and circumstances under which they live.

• Sectionalism breeds intolerance, but understanding fosters a sympathetic attitude. Conversely, tolerance does not mean or imply understanding or sympathy. Each individual or group, or section, or race has problems peculiar to it, and the very idea of tolerance does not simplify those problems, but rather, tends to complicate and intensify than to simplify and solve.







Dr. Hawley Will Administer Blue Cross and Blue Shield

The Journal of the American Medical Association takes note of a most significant development in prepaid medical care:

"Dr. Paul R. Hawley, former medical director of the Veterans Administration, was appointed chief executive officer of the Blue Cross and Blue Shield prepaid health service plans, two privately operated organizations with membership estimated at 36,500,000. His headquarters will be in Chicago. The appointment takes effect April 1. Dr. Hawley accepted the posts at a dinner at the Hotel Statler. He will continue to spend some time in Washington in a consulting capacity as a special assistant to veterans admistrator Carl Gray and as head of a special committee formed by Secretary of Defense Forrestal to unify medical services in the armed forces. He also directs another medical group surveying the medical and sanitation phases of the national mobilization program for the National Security Resources board. Dr. Hawley said that he is opposed to government control of medicine and that he has seen government medicine in operation in other countries, commenting: 'I know what government control does to medicine. I want no part of it for our people.' Government doctors tend to forget the humanities in medicine, he said, with the result that the physician-patient relationship is affected. The Blue Cross, approved by the American Hospital Association, comprises ninety-one nonprofit hospital service prepayment plans. The Blue Shield, approved by the American Medical Association, includes forty-eight nonprofit medical-surgical service prepayment plans. Paying tribute to Dr. Hawley at the dinner were Dr. Edward L. Bortz of Philadelphia, President of the American Medical Association, and Graham L. Davis of Battle Creek, Michigan, president of the American Hospital Association."